

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020044

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2760 STATE FILE NUMBER

FILED MAY 29 1963

VS 300 Rev. 4/59	DATE AMENDED
1	7/23/63
2 3 188	7/23/63
3	7/23/63
4 0	
5 1	
6	
7 0	
8 0	
9 163X	
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11	
12 68-0	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Granby, Missouri

Ted DeWalt

none

DOCUMENT

BY AFFIDAVIT OF informant

Richard L. Russell

11 Granby, Missouri

13a Zed DeWalt

16 490-16-9893

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		d. STREET ADDRESS 4503 KENSINGTON	
3. NAME OF DECEASED (Type or print) First Middle Last Virgil C DeWalt		4. DATE OF DEATH Month Day Year May 10 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-13-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RADIO-REPAIR		10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED	
11a. FATHER'S NAME TED-(DEWALT) Zed		11b. MOTHER'S MAIDEN NAME ETHEL McELHANIE	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12b. SOCIAL SECURITY NO.	
13. INFORMANT Teddy DeWalt		14. NAME OF HUSBAND OR WIFE MAUDE DEWALT	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Postoperative Right Pneumectomy DUE TO (c) Carcinoma of the Right Lung.		16. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 4-5-63 to 5-10-63 and last saw him alive on 5-10-63 Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Richard L. Russell MD	
22b. ADDRESS 205 E. 63rd St. KC 13, Mo		22c. DATE SIGNED 5-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-1963	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Miehlebach 6800 Troost		25. DATE RECD. BY LOCAL REG. 5-13-63	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Landes

Licensed Embalmer No. 5103

P. O. Address KC, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.